

**NAVAL MEDICAL LOGISTICS COMMAND  
LB-01-03**

**NOTICE OF CONTRACTING OPPORTUNITY**

**APPLICATION FOR  
NAVY CONTRACT POSITION  
LB-01-03  
February 17, 2003**

**THIS IS NOT A CIVIL SERVICE POSITION**

**I. IMPORTANT INFORMATION:** CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE MARCH 11, 2003. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
ATTN: Code 02 (ATTN: 22A)  
1681 NELSON STREET  
FORT DETRICK MD 21702-9203

E-MAIL: [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil)  
IN SUBJECT LINE REFERENCE: CODE 02 , ATTN: 22A

A. NOTICE. This position is set aside for individual Psychologists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. Psychologist. The Government is seeking to place under contract an individual who holds (a), a current, unrestricted license to practice as a Psychologist in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands, and (b), Doctorate Degree (Ph.D. or Psy.D) of clinical psychology from an accredited college approved by the American Psychological Association and required internship programs for the degree and state licensure. This individual must also (1) meet all the requirements contained herein (2) obtain and maintain delineated clinical privileges; and (3), competitively win this contract award.

Services shall be provided in the Specialty Clinic at Naval Ambulatory Care Center, Port Hueneme, California.

You shall be on duty in the assigned clinical area for 40 hours per two week period; between the hours of 0730 to 1630. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), for 5 days out of every two week period, Monday through Friday. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

The commanding Office may request that you travel to provide services, attend training or attend Government specified conferences when in the best interest of the Government and patient care. The COR will determine the reasonableness of all costs incurred. When questions arise, the Government's Joint Travel Regulations (JTR) shall always be followed. See Attachment #1

Personal Leave will accrue at a rate of 8 hours for each two week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

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#### **II. STATEMENT OF WORK**

A. The use of “Commanding Officer” means: Commanding Officer, Naval Ambulatory Care Center, Port Hueneme, CA, or designated representative, e.g. Officer in Charge, Contracting Officer Representative, Technical Liaison, or Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker is serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. **Duties and Responsibilities.** You shall perform a full range of psychology services within the scope of clinical privileges granted by the Commanding Officer, on site using Government furnished facilities, equipment, and supplies. You shall provide assistance and services that support and enrich the lives of active duty personnel and their families. Your primary purpose is to work as a part of a mental health team in providing crisis intervention, as well as the prevention, diagnosis and treatment of mild and severe mental problems. Outpatient psychology workload is scheduled as a result of physician referrals requesting mental health services for active duty military personnel and other eligible beneficiaries or patient self-referrals.

1. You are responsible for the delivery of comprehensive psychology services within the facility and for the quality and timeliness of records, reports, and documentation of services provided. You shall perform a full range of outpatient psychology services to include, but not limited to those services identified in Attachment #2,

2. Your productivity is expected to be comparable to that of other Clinical Psychologists authorized the same scope of practice and assigned to the same type of facility as the Naval Hospital, Lemoore. Your responsibilities include, but are not limited to the following:

2.1. Assess and triage new patients. This will include the assessment of serious psychiatric conditions, suicidal risk, violence potential and multi-problem dysfunctional individuals. This shall involve assessment to the patient's precise job within the Navy and timely liaison with the patient's command to convey pertinent recommendations. You shall de-escalate violent situations and make recommendations to the command personnel regarding a course of action.

2.2. Provide psychotherapy to individuals and groups. This shall include determining the appropriate intervention strategy from recognized treatment modalities. You shall facilitate and co-facilitate groups as well as provide treatment for such conditions such as ADHD, mood disorder, anxiety disorder and specialized support groups.

2.3. Complete full intakes on patients to include psychiatric testing if warranted or requested. Complete written analysis of any tests.

2.4. Establish diagnoses of individual patients. Provide a written report to include a treatment plan.

3. **Case Management.** You shall:

3.1. Coordinate with other commands and agencies (civilian and military) regarding recommended actions for particular cases.

3.2. Assess individuals in need of acute psychiatric care and arrange emergency psychiatric hospitalization. Maintain contact with hospital personnel, ensuring adequate outpatient care after discharge from the hospital.

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3.3. Coordinate transfers to civilian inpatient facilities via ambulance, military transfers through the Patient Administration Department or Officer of the Day in accordance with facility SOPs.

4. Documentation: You shall:

4.1. Generate written reports to include Limited Duty, Limited Duty Boards, fitness for duty, recommendations for administrative separations and Medical Boards.

4.2. Maintain case records in accordance with NHL, JCAHO and BUMED standards to include documentation on SF 600s, SF 513s and referrals for civilian medical Mental Health Care.

4.3. Maintain statistical reports as required by the facility. These reports shall include minutes and analysis reports for certain meetings. Provide complete written reports for any psychiatric testing provided.

4.4. Provide immediate consultation to aid in the evaluation and management of emergent/urgent patient situations.

4.5. Provide professional clinical expertise/consultation services to the Navy's CAAC Program.

4.6. Provide return consultations to any requesting staff health care provider; responses to consultations for "same day requests" shall be provided within 24 hours.

4.7. Thoroughly, accurately and legibly document patient care in the patient's medical treatment record using authorized standard forms and/or the CHCS system in accordance with written policies and procedures as mandated by the privileging authority.

4.8. Work closely with clinical staff regarding patient awareness/wellness programs that are in relation to the mental health field.

4.9. Ensure that quality assurance protocols are followed:

5. JCAHO Requirements. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

5.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

5.1. The regulations and standards of professional practice of the treatment facility, and

5.3. The bylaws of the treatment facility's professional staff.

6. Administrative and Training Requirements

6.1. Provide training and /or direction to supporting government employees assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol. Participate in clinical staff quality assurance functions at the prerogative of the Commanding Officer.

6.2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.

6.3. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to psychology care.

6.4. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.

6.5. FAMILY ADVOCACY. Participate in the implementation of the Hospital's Family Advocacy Program as

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directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

6.6. You are required to maintain Basic Life Support Level C re-certification during the term of the contract.

This  
re-certification will be provided by the Navy.

6.7. Perform necessary administrative duties that include maintaining statistical records of your workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), and participating in clinical staff

Performance Improvement (PI) and Risk Management (RM) functions, as prescribed by the Commander.

7. Credentialing and Privileging Requirements.

7.1. Upon award, the health care worker shall complete an Individual Credentials File (ICF) prior to performance of services. Completed ICF must be forwarded 30 days prior to performance of duties to the MTF's Professional Affairs Department. The ICF, maintained at the MTF, contains specific information with regard to qualifying degrees and licenses, past professional experience and performance, education and training, health status, and current competence as compared to specialty-specific criteria regarding eligibility for defined scopes of health care services. BUMED Instruction 6320.66C, Section 4 and Appendices B and R detail the ICF requirements. A copy of this instruction may be obtained from the World Wide Web at:

<http://navymedicine.med.navy.mil/instructions/external/6320.66centire.pdf>.

7.2. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, that individual's performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to the health care worker so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Doctorate Degree (Ph.D. or Psy.D) of clinical psychology from an accredited college approved by the American Psychological Association and required internship programs for the degree and state licensure.

2. Possess a current, valid, unrestricted license to practice clinical Psychology in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.

3. Have successfully completed and have documentation of approved continuing medical education that relates to  
Psychology skills and knowledge in the preceding 2 years.

4. Have experience as a practicing clinical Psychologist of at least 3 years within the preceding 4 years. This experience must include knowledge of the DSM-IV, and Psychiatric testing (such as WAIS-R, WISC-R, Rorschach, TAT, CAT, MMPI, MCMI, MAPI, Bender and DAP). Experience may be documented through letters of recommendation, your resume, Curriculum Vitae, etc.

5. Provide two letters of recommendation from hospital administrators/supervisors or practicing clinical Psychologists attesting to your skills in such areas as Psychology of Adults/Adolescent Suicide Crisis Evaluation, Sexual Abuse Evaluation/Treatment of Perpetrator and Victim, Psychological Evaluation of Drug/Alcohol Abuse, Group Counseling/Therapy, Staff Training and Psychological Screenings for specialized job assignments; for example: in military directive, i.e., investigations, security clearances, isolated duty assignments. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.

6. Represent an acceptable malpractice risk to the Navy.

7. Possess U.S. employment eligibility per Attachment #5. Please provide copies of supporting documentation.

E. FACTORS TO BE USED IN A CONTRACT AWARD DECISION. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other

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qualified applicants using the following enhancing criteria, listed in descending order of importance. The "Personal Qualification Sheet", Letters of Recommendation, and, if you have prior military services, the Form DD214, shall be used to evaluate these items.

1. Quality and quantity of experience as it relates to the duties contained herein. This experience may include familiarity with the DSM-IV and psychiatric testing (such as WAIS-R, WISC-C, Rorschach, TAT, CAT, MMPI, MCMI, MAPI, Bender and DAP), etc., then,
2. The letters of recommendation required in item (D) (6), above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise as described, etc., then,
3. Certificates of completed Continuing Medical Education hours, then,
4. Prior experience in a military medical facility (Form DD214),
5. Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. \_\_\_\_\_ Extended Travel (Attachment 1)
2. \_\_\_\_\_ Clinical Psychology – Procedures (Attachment 2)
3. \_\_\_\_\_ A completed " \*Personal Qualifications Sheet – Psychologist " (Attachment 3).
4. \_\_\_\_\_ A completed Pricing Sheet (Attachment 4).
5. \_\_\_\_\_ Proof of employment eligibility (Attachment 5).
6. \_\_\_\_\_ Three or more letters of recommendation per paragraph D.2., above. (If applicable)
7. \_\_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment 6)
8. \_\_\_\_\_ Small Business Representation (Attachment 7)
9. \_\_\_\_\_ Contractor Letter of Identification (Attachment 8)

\*Please answer every question on the " Personal Qualifications Sheet - Psychologist ". Mark "N/A" if the item is not applicable.

### G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or <http://www.ccr.dlis.dla.mil/>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

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You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

**CAGE Code:** A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

**US Federal TIN:** A Taxpayer ID Number or TIN is the same as your Social Security Number.

**NAICS Code:** A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

**If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. You are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.**

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package may be addressed to [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil), by fax at (301) 619-6793, or by telephone at (301) 619-3016. Please note that the reference number for this procurement is LB-01-03.

We look forward to receiving your application.

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Attachment # 1

Extended Travel:

1. The commanding Office may request that you travel to provide services, attend training or attend Government specified conferences when in the best interest of the Government and patient care. The COR will determine the reasonableness of all costs incurred. When questions arise, the Government's Joint Travel Regulations (JTR) shall always be followed.
2. The Government will not issue Government Travel Orders to the HCW.
3. Government contract air carriers and the Government's contract airfares are not available to the HCW.
4. The JTR shall serve as the basis for cost limits for lodging, per diem, miscellaneous expenses and mileage reimbursement if a privately owned vehicle is authorized.
5. Costs for transportation, lodging, meals and incidental expenses incurred by the health care worker are allowable subject to Federal Acquisition Regulations Federal 31-205-46 and Federal Travel Regulations prescribed by the General Services Administration or deemed reasonable by the Technical Liaison.
6. When possible, the health care worker shall use government-provided quarters (BOQ/BEQ) and transportation. If not available, the Government will provide the health care with an identification letter for presentation to AMTRACK, hotel/motel, and car rental firms. The Government retains the right to direct the mode of travel including the availability and size of rental cars. It should be noted that vendors are not obligated to extend discounted Government rates to contractors working on behalf of the Federal Government.
7. The contractor shall submit an invoice (DD Form 250) itemizing expenses in amounts allowable by the technical liaison.
8. The COR will specify the MTF's procedure to document that the travel was completed and that the expenses were actually incurred.
9. All reimbursements will be retrospective, payable only upon presentation of a properly prepared invoice to the COR (as specified herein).
10. The Government reserves the right to require additional documentation, including memoranda from the HCW performing the travel.

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Attachment #2  
**CLINICAL PSYCHOLOGY - PROCEDURES**

Provide consultation, differential diagnosis, and treatment planning for all disorders defined by the Diagnostic and Statistical Manual for Mental Disorders

- Organic mental disorders
- Psychotic disorders
- Schizophrenia
- Delusional disorders
- Mood disorders
- Anxiety disorders
- Somatoform disorders
- Psychoactive substance use disorders
- Sleep disorders
- Factitious disorders
- Impulse control disorders
- Psychological factors affecting physical condition
- Disorders usually first evident in infancy, childhood, or adolescence now manifest in an adult patient such as eating disorders and gender identity disorders
- Conditions not attributable to a mental disorder that are a focus of attention or treatment
- Sexual disorders
- Adjustment disorders
- Personality disorders
- Dissociative disorders
- Combat stress reaction

Diagnostic and therapeutic procedures:

- Interviewing
- Psychosocial history taking
- Mental status examination
- Major types of psychotherapy including short term, long term, psychodynamic, family, marital group, individual, and behavior therapy
- Crisis intervention
- Community outreach (e.g., health promotion and command consultation)
- Special psychological examinations (e.g., incapacitation determinations) and Rules for Courts-Martial, Article 706 examinations (sanity boards)
- Evaluations for suitability and fitness for duty
- Administration and interpretation of psychological tests (intellectual and cognitive, clinical objective and inventory, clinical projective, achievement, vocational and aptitude, and questionnaire and survey instruments)

**CLINICAL PSYCHOLOGIST - ADVANCED PROCEDURES**

- Neuropsychological assessment (requires subspecialty Code 1842)
- Prescribe and dispense psychotropic medications as delineated by the Pharmacy and Therapeutics Committee
- Admit patients to the hospital included in the psychologist's scope of care and be responsible for patient histories and physical findings respective to their areas of expertise
- Consultation, differential diagnosis, and treatment planning for all disorders relevant to children and adolescents defined by the Diagnostic and Statistical Manual of Mental Disorders.
- Diagnostic and therapeutic procedures:
  - \* Interviewing
  - \* Psychosocial history taking
  - \* Mental Status Examination
  - \* Administration and interpretation of psychological tests (intellectual, cognitive, objective and projective personality, achievement, standardized questionnaires, and survey instruments)



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- \* Clinical intervention techniques directed toward treating the emotional conflicts, personality disturbances,
  - and skill deficits underlying a child or adolescent's distress and dysfunction
- \* Psychotherapy, brief or long-term, such as individual, family, or group
- \* Development of school and home behavior modification programs
- \* School consultation, including participation on case review committees, classroom observation, consultation with teachers, and planning of Individualized Education Programs
- \* Early Intervention Services, including developmental evaluations and participation in treatment planning and multidisciplinary intervention teams
- \* Crisis intervention
- \* Community outreach (e.g., health promotion, promotion of early intervention services, in-service training of teachers, child development workers, and other professionals)
- \* Consultation-liaison services

#### **Criteria for Supplemental Pediatric Psychology Services**

**\*\*One year postdoctoral fellowship in Pediatric Psychology or equivalent specialized training and supervised practice.**

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Attachment #3  
PERSONAL QUALIFICATIONS SHEET - PSYCHOLOGIST

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Sections D. and E. of the solicitation. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item VIII. of the Personal Qualifications Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education, Professional Registration, Experience, Personal and Professional Information Sheet, continuing education certificates, and employment eligibility documentation. If you submit false information, the following actions may occur (a), your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts and/or (b), you may lose your clinical privileges.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	<u>Yes</u>	<u>No</u>
1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)	___	___
2. Have you ever been a defendant in a felony or misdemeanor case? (indicate final disposition of case in comments)	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?	___	___

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

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PERSONAL QUALIFICATIONS SHEET - PSYCHOLOGIST

I. General Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

II. Professional Education:

Doctorate Degree from: \_\_\_\_\_

(Name of APA accredited School and location)

Date of Degree: \_\_\_\_\_ (mm/dd/yy)

Residency completed at: \_\_\_\_\_

(Name an location of school where residency was obtained)

Date of Residency Completion: \_\_\_\_\_ (mm/dd/yy)

III. Professional Licensure (License must be current, valid, and unrestricted):

\_\_\_\_\_ (mm/dd/yy)

State Date of Expiration

IV. Approved Continuing Education, to include residencies:

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V. Basic Life Support Level C:

Training Type listed on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (mm/dd/yy)

VI. Professional Employment: List your current and preceding employers for the past 3 years within the preceding 4 years. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
(1) _____	_____	_____

\_\_\_\_\_

Work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Names and Addresses of Preceding Employers**

	<b><u>From</u></b>	<b><u>To</u></b>
(2) _____	_____	_____

Work performed: \_\_\_\_\_

	<b><u>From</u></b>	<b><u>To</u></b>
(3) _____	_____	_____

Work performed: \_\_\_\_\_

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position?

When does the contract expire? \_\_\_\_\_

**VII. Experience in clinical type computer systems:** Identify any computer systems with which you are familiar.

**VIII. Familiarity with the DSM-IV and psychiatric testing** (such as WAIS-R, WISC-C, Rorschach, TAT, CAT, MMPI, MCMI, MAPI, Bender and DAP), etc..

**IX. Professional References:**

Provide two letters of recommendation from hospital administrators/supervisors or practicing clinical Psychologists attesting to your skills in such areas as Psychology of Adults/Adolescent Suicide Crisis Evaluation, Sexual Abuse Evaluation/Treatment of Perpetrator and Victim, Psychological Evaluation of Drug/Alcohol Abuse, Group Counseling/Therapy, Staff Training and Psychological Screenings for specialized job assignments; for example: in military directive, i.e., investigations, security clearances, isolated duty assignments. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 2 years.

**X. Employment Eligibility:**

	<b><u>Yes</u></b>	<b><u>No</u></b>
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	_____	_____

**XI. Additional Medical Certification, Degrees or Licensure:**

Type of Certification, Degree or License and Date of Certification or Expiration

**XII. Additional Information:**

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Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, CME certificates, commendations or documentation of any awards you may have received, prior military experience, etc.

**XIII.** I hereby certify the above information to be true and accurate:

\_\_\_\_\_(mm/dd/yy)  
(Signature) (Date)

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ATTACHMENT #4  
PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 7 April 2003 through 30 September 2003. Five option periods will be included which will extend services through 4 April 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Psychologists in the Lemoore, CA area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one part-time Psychologist at the Naval Hospital Lemoore, CA in accordance with this Application and the resulting contract				
0001AA	Base Period; 7 April 03 thru 30 Sep 03	1016	Hour	_____	_____
0001AB	Option Period I; 1 Oct 03 thru 30 Sep 04	2096	Hour	_____	_____
0001AC	Option Period II; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AD	Option Period III; 1 Oct 05 thru 30 Sep 06	2088	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 06 thru 30 Sep 07	2088	Hour	_____	_____
0001AF	Option Period V; 1 Oct 07 thru 4 April 08	1032	Hour	_____	_____

TOTAL CONTRACT

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**ATTACHMENT #5**

**LISTS OF ACCEPTABLE DOCUMENTS  
SUBMIT ONE FROM LIST A**

**LIST A**

**Documents that Establish Both Identity and Employment Eligibility**

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

**OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**

**LIST B**

**Documents that Establish Identity**

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address

**LIST C**

**Documents that Establish Employment Eligibility**

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)

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3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).



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**ATTACHMENT #6  
CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact Contract Specialist #22R at (301) 619-3020 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command  
ATTN: Code 02 (Specialist 22R)  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
FAX (301) 619-6793

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date CCR Form was submitted: \_\_\_\_\_

Assigned DUN & BRADSTREET #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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**ATTACHMENT #7**

**SMALL BUSINESS PROGRAM REPRESENTATIONS**

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

**Section A.**

- ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.  
( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

**Section B**

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- \_\_\_ Black American.  
\_\_\_ Hispanic American.  
\_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).  
\_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).  
\_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

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**Attachment #8**  
**CONTRACTOR LETTER OF IDENTIFICATION**

To Whom It May Concern:

SUBJECT: OFFICIAL TRAVEL OF GOVERNMENT CONTRACTORS

(Contractor's Name), the bearer of this letter, has a contract with this agency under Government (Contract number: N62645-03-C-XXXX). During the period of the contract 7 April 2003 through 4 April 2008, **AND ONLY IF THE**  
**VENDOR PERMITS**, the named bearer is eligible and authorized to use available travel discount rates in accordance with Government contracts and/or agreements.

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(Signature)  
Laura M. Belluomo  
Contract Specialist  
Telephone No.: 301-619-3016